

County of Cherokee
Township of Cherokee
or
Inc. Town of Cherokee
or
City of Cherokee

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

REGISTRATION DISTRICT NO. 1023
REGISTERED NO. 880

Registration District No. 1023 Registered No. 880
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Virginia L. Cross If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) TIME OF BIRTH 2:30 (5) DAY OF BIRTH Jan 15 (6) YEAR OF BIRTH 1923

FATHER
(7) FULL NAME Abbie Morgan
(8) RESIDENT ADDRESS OF FATHER Gaffney S.C.
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 23
(11) BIRTHPLACE Cherokee Co. S.C.
(12) OCCUPATION Farmer

MOTHER
(13) FULL NAME Virginia L. Cross
(14) RESIDENT ADDRESS OF MOTHER Gaffney S.C.
(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 23
(17) BIRTHPLACE Cherokee Co. S.C.
(18) OCCUPATION Domestic

(19) Number of children born to mother, including present birth 2 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.
(22) (Signature) [Signature]
(23) Since whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(26) Filed Feb 1 1923 (27) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

It is the policy of the State Board of Health to require that all births be reported to the Bureau of Vital Statistics before the fifth month of pregnancy.